

CONTRACTOR VEHICLE ACCESS APPLICATION & VEHICLE INSPECTION CHECKLIST

Please FAX to 02 4966 9884 or Contact Tomago Security

The information provided on this form is required by TAC Security Department and will not be disclosed to unauthorised people.

*This form is to be completed in conjunction with the Light Vehicle Site Access Policy Doc. No. OHS.OP.4.5.5.8. It **does not** approve access into individual Business Units. Access into individual Business Units must be obtained from the TAC Representative of that area.*

PART 1 - COMPANY & VEHICLE DETAILS			
Company Name:		SAP Number:	
Make/Model:		Rego Number:	
Person responsible for vehicle onsite:		Contact Number:	
Signature of above person:		TAC ID Number:	
Date of Application:			

PART 2 - SUPPORTING DOCUMENTATION (photocopy only)	ATTACHED (Tick)
Current Certification of registration	<input type="checkbox"/>
Current Comprehensive and Property damage insurance	<input type="checkbox"/>
Other relevant certification	<input type="checkbox"/>

PART 3 – VEHICLE ACCESS	
Purpose for vehicle on site:	
Permanent Vehicle Pass <input type="checkbox"/>	
Temporary Vehicle Pass <input type="checkbox"/> Expiry date:	

OFFICE USE ONLY – Approval by Security / Procurement			
APPROVED <input type="checkbox"/>	REJECTED <input type="checkbox"/>	Date:	
Reason for rejection:			
Approved / Rejected by:		Signature:	

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Security use Only - Vehicles are to be inspected in accordance with the Light Vehicle Site Access Policy.

Inspection Date:		
Do the vehicle details match page 1 of this document?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

TAC VEHICLE ACCESS REQUIREMENTS	Tick
Reversing Alarm	<input type="checkbox"/>
Rotating Amber Light	<input type="checkbox"/>
Company Name clearly identifiable	<input type="checkbox"/>
Other Comments:	
Vehicle fulfils TAC access requirements?	YES <input type="checkbox"/> NO <input type="checkbox"/>

It is a condition of entry to this site that the Contractor who is in control of this vehicle be of the understanding that if they wish to enter a Business Unit with this vehicle they must obtain Permission from the TAC Representative or Team Leader for that Business Unit.

Name of responsible person for this vehicle:			
Signature of above person:		Date:	

SECURITY OFFICE USE ONLY			
Vehicle fulfils TAC access requirements?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Reason for rejection:			
TAC Permanent Vehicle Card Number:		TAC Temporary Vehicle Card Number:	
Security Officers Name:		Signature:	